

Declaration, Power Of Attorney and Petition

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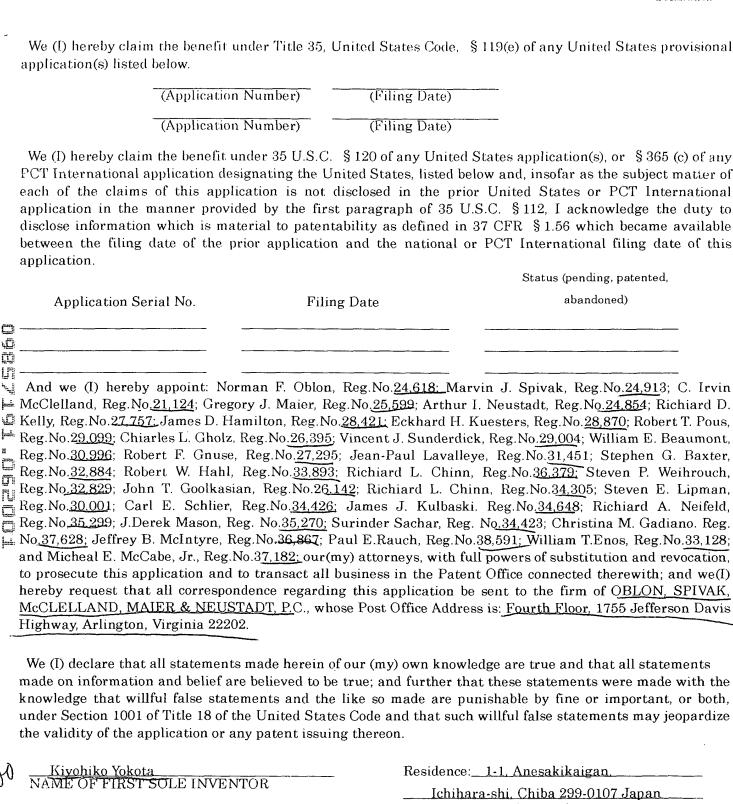
WE (I) the undersigned inventor(s), hereby declare(s) that: My residence, post office address and citizenship are as stated below next to my name, We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled OLEFIN COPOLYMERS, AND FILMS AND SHEETS the specification of which is attached hereto. □ was filed on____ Application Serial No. and amended on _____ was filed as PCT international application Number <u>PCT/JP00/07142</u> October 24, 2000 and was amended under PCT Article 19 on ______(if applicable).

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application(s)

Application No.	Country	Day/Month/Year	Priority Claimed	
_11-301828	Japan	25/ 10/1999	☑ Yes	□ No
			□ Yes	□ No
			☐ Yes	□ No
			□ Yes	□ No



Japan

Post Office Address: same as above

Citizen of:

Signature of Inventor

Date

February 19, 2001

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	Junichi Matsumoto NAME OF FOURTH JOINT INVENTOR Junichi Instrumoto Signature of Inventor February 19, 2001 Date	Residence: 1-1, Anesakikaigan.
	NAME OF FIFTH JOINT INVENTOR Signature of Inventor	Residence:
	Date	Post Office Address: